

PLEASE READ THIS ENTIRE FORM BEFORE YOU COMPLETE THE PRE-APPLICATION.

**Campbell County Department of Housing
1010 Monmouth Street
Newport, KY 41071
(859) 261-5200**

Pre-Application Process for Pendleton County

THIS OFFICE ONLY ACCEPTS AND PROCESSES COMPLETE APPLICATIONS. IF YOU ARE MISSING ANY PART OF YOUR APPLICATION, YOU WILL BE DENIED UNTIL MISSING SECTIONS ARE AVAILABLE.

THIS PRE-APPLICATION CAN ONLY BE RETURNED BY ADULT APPLICANTS (i.e. IT MUST BE RETURNED BY A PERSON THAT IS LISTED ON THE PRE-APPLICATION THAT IS AT LEAST 18 YEARS OF AGE)

You can pick up a pre-application in Pendleton County beginning **Monday, January 9th from 1:00 – 4:00 p.m.** at the Pendleton County Courthouse, Community Room, Falmouth, KY or at the Campbell County Department of Housing beginning at 8:30 a.m. or the web site at www.campbellcountky.org (housing page). We will be accepting **COMPLETED** pre-applications **by appointment only beginning the 3rd Monday in January** (January 16th), if you wish to return your application to the Pendleton County Office. Please call Pamela Doyle at 859-261-5200 to schedule an appointment. You may also return the completed application to the Campbell County Department of Housing on Tuesdays, Wednesdays or Fridays from 9 a.m. until 11:00 a.m. located at 1010 Monmouth Street, Newport, KY 41071.

OUR OFFICE DOES NOT ACCEPT APPLICATIONS BY MAIL OR FAX

CRIMINAL RECORDS:

Under authority of the Campbell County Administrative Plan, the Campbell County Department of Housing must obtain Criminal Records for all applicants over the age of 18, including live-in aides, applying for the Section 8 Housing Program. Campbell County Department of Housing will perform these background checks.

ITEMS NEEDED WITH COMPLETED APPLICATION
(PLEASE BRING ALL THAT APPLY):

1. Verification of income: (4) recent original check stubs, recent Social Security Notice, Pension benefits letter, K-Tap verification, Unemployment Notice, Food Stamps, Healthcare, Child Support Verification, etc.
2. Letter from employer stating start date, hourly rate, and hours worked per week.
3. Four recent bank statements
4. Verification of your current address
5. Social Security cards for ALL HOUSEHOLD MEMBERS
6. Birth certificates for ALL HOUSEHOLD MEMBERS
7. Driver's License or State Photo ID for all adult members (18 or older)
8. Legal separation papers or divorce decree

APPLICATION PROCESS

Local preference will be given to families that include a person with disabilities and to single applicant households aged 62 or older; all other applicants will be ranked by date and time that the completed application is received.

You will be notified when your name comes to the top of the waiting list by mail. **It is YOUR responsibility to make our office aware of any changes to your information you might have once you have applied.** If you move, change your phone number, persons move in or out of your home, or your income changes, you will need to come into our office to UPDATE your application. Please give any correspondence received from this office your prompt attention.

Please be advised that if you call our office regarding your pre-application we will NOT release any information to anyone unless they can prove they are a member of your household and are listed on the pre-application.

If negative action has been taken against an applicant or participating family by the PHA in a circumstance where VAWA should be considered please notify the PHA of your concerns to determine whether a review is in order

CAMPBELL COUNTY DEPARTMENT OF HOUSING

1010 Monmouth Street, P.O. Box 72424

Newport, KY 41072-0424

Phone: (859) 261-5200 Fax: (859) 261-0577

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

The Section 8 Program is a rental assistance program that assists low-income families with rental payments. The Section 8 program is federally funded through the Department of Housing and Urban Development, and is administered by state, metropolitan, and local public housing agencies (PHA's). Campbell County Department of Housing (CCDH) is the housing authority that administers the program for Campbell and Pendleton Counties, excluding the City of Newport, as Newport is under the jurisdiction of Newport Housing Authority.

How the Program Works:

- A person or family interested in receiving assistance submits a pre-application to the CCDH. If they meet eligibility requirements (based on their income and their criminal history), they are admitted to the waiting list.
- When an applicant reaches the top of the waiting list for the county in which they have applied (Campbell or Pendleton) they are scheduled for an orientation and/or an orientation/eligibility appointment.
- If the family qualifies they are issued a Housing Choice Voucher, which allows them to begin their search for a rental unit where they will receive rental subsidy.
- The family must locate a unit (apartment, duplex, townhome, condominium, mobile home, or house) which is appropriate for their household composition and is not owner-occupied or owned by a family member.
- If the owner of the property is agreeable to participating in the Section 8 Program they must complete a Request for Tenancy (RTA). The RTA must be signed by both the property owner and their prospective tenant and the original RTA must be submitted to the PHA for review with a copy of a blank (unsigned) lease.
- If, upon review, the RTA is approved an inspection is scheduled. CCDH will conduct the inspection within 15 calendar days of receipt of the RTA, provided the unit is available for inspection during that time.
- If the unit is in compliance with Housing Quality Standards (HQS) the unit will pass. If the unit is not in compliance the owner may have up to 30 days to bring the unit into compliance before a re-inspection is conducted.
- Once the unit is in compliance with HQS a rent comparison will be conducted to determine whether the contract rent requested by the owner is reasonable. The comparison is made by using three unassisted units in the area that offer the same features and accommodations as the proposed unit.
- Once a reasonable rent is determined the PHA will contact the owner with the approved amount of the contract rent. Provided the PHA and owner agree, the PHA and owner will enter into a Housing Assistance Payment (HAP) contract. The HAP contract authorizes payment for the inspected unit on behalf of the family that submitted the RTA for the unit. Typically, the family is responsible to pay 30% of their monthly adjusted income directly to the owner, while the housing authority subsidizes the remaining rent.

- The family will pay their share of rent to the owner in the manner and time-frame specified in the lease agreement they enter into with the owner. The PHA will pay the remainder to the owner by Direct Deposit by the fifth of the month for which it is due. Payment for move-ins may be prorated.
- Each year the family must participate in the recertification process. During the recertification process the family's income is recalculated to determine continued eligibility. CCDH provides at least 10 days advance written notification of annual inspections to both the tenant and the landlord.

Security Deposits:

Owners that participate in the Section 8 program may determine the amount of security deposit and collect it from their tenant. The amount of security deposit must be reasonable and may not exceed the amount collected from unassisted tenants.

Tenant Selection:

Owners are responsible to screen prospective tenants for suitability. The PHA is only responsible for determining the family's eligibility for subsidy.

Unpaid rent, damages, eviction:

If a tenant does not pay their portion of rent or causes damage to the unit the owner may choose to evict the tenant. Amounts owed for unpaid rent or damages may be applied toward the security deposit. The PHA will not reimburse owners for their loss; however, the family may be terminated from the Section 8 program for violations of their Family Obligations to the program.

Lease Agreements:

The lease is to be provided by the tenant and the landlord. Only the landlord and the tenant(s) sign the lease, and the owner is responsible for enforcement of the lease. The PHA must be provided a signed copy. A tenancy addendum, provided by the PHA, must be attached to the tenant's lease once it is signed. Page 3, 14b., of the tenancy addendum states: *In case of any conflict between the provisions of the tenancy addendum as required by HUD, and any other provisions of the lease or any other agreement between the owner and the tenant, the requirements of HUD-related tenancy addendum shall control.*

CCDH strongly recommends that property owners and tenants familiarize themselves with the Kentucky Revised Statute Uniform Residential Landlord and Tenant Act for specifics regarding the rights of both parties.

**CAMPBELL COUNTY DEPARTMENT OF HOUSING
P.O. BOX 72424, NEWPORT, KY 41072-0424
859-261-5200, FAX: 859-261-0577**

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and as a result of your disability need:

- A change in the rules or policies to give you and equal opportunity to use the facilities of or take part in the Section 8 program, or
- A change in the way we communicate with you or give you information,

You may ask for this kind of change, which is called reasonable accommodation.

If you can show that you have a disability and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to grant your request.

We will give you an answer within 10 calendar/working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons, and you can give us more information if you think that will help.

If you need help filling out a Request for Reasonable Accommodation form or if you want to give us your request in some other way, we can help you.

You can get a Request for Reasonable Accommodation form at the front desk of our housing agency.

Note: All information we provide will be kept confidential and will be used only to help you have an equal opportunity to participate in the Section 8 program.

SECTION 8 APPLICATION FOR ADMISSION

INITIAL APPLICATION INFORMATION	APPLICANT (HEAD OF HOUSE)
<p style="text-align: center;">(THIS BOX IS FOR OFFICE USE ONLY)</p> <p>DATE OF APPLICATION: _____</p> <p>TIME OF APPLICATION: _____</p> <p>HOUSING DISPLACEMENT DUE TO GOVERNMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>CITY WHERE APPLICATION TAKEN: <u>PENDLETON CO.</u></p> <p>STATE: <u>KY</u> ZIP: _____</p>	<p>NAME: _____</p> <p>PRESENT ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p> <p>PHONE: (____) _____</p> <p>HOW LONG AT THIS ADDRESS? _____</p> <p>IS THE LEASE IN YOUR NAME? _____</p>

CURRENT LANDLORD NAME: _____ LANDLORD PHONE: (____) _____

CURRENT LANDLORD ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHECK ALL THAT APPLY (VOLUNTARY INFORMATION)	THE FOLLOWING INFORMATION IS VOLUNTARY AND MUST BE ASKED OF ALL APPLICANTS (IMPORTANT)
<p>HEAD OF HOUSE:</p> <p><input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN</p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE</p> <p><input type="checkbox"/> FEMALE HEAD OF HOUSE</p> <p><input type="checkbox"/> VETERAN HEAD OF HOUSE</p>	<p>DOES ANY MEMBER OF YOUR FAMILY REQUIRE A HANDICAP ACCESSIBLE UNIT OR ANY OTHER HANDICAP ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>EXPLAIN: _____</p>

NO.	PERSONS TO RESIDE IN UNIT	RELATIONSHIP	SEX M/F	BIRTH DATE	SS NUMBER	LEGAL CITIZEN ?
ADULTS (LEGAL NAMES)						
1		HEAD OF HOUSE				
2		CO-HEAD/ SPOUSE				
3						
CHILDREN (LEGAL NAMES)						
4						
5						
6						
7						
8						
9						

1. HAVE YOU OR ANY ADULT MEMBERS EVER USED ANY NAME(S) OR SOCIAL SECURITY NUMBER(S) OTHER THAN THE ONE YOU ARE CURRENTLY USING? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN: _____
2. DO YOU ANTICIPATE ANY CHANGES IN YOUR FAMILY COMPOSITION? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN: _____
3. WIFE'S MAIDEN NAME: _____
4. NAME OF FORMER WIFE OR HUSBAND: _____
SEPARATION DATE: _____ DIVORCED DATE: _____ DECEASED DATE: _____
5. ABSENT PARENT(S) OF DEPENDENT CHILD:
NAME: _____
ADDRESS: _____

(PLEASE SUBMIT COPIES OF SEPARATION OR DIVORCE PAPERS WITH THIS APPLICATION)

IN CASE WE HAVE PROBLEMS CONTACTING YOU, LIST THE NAMES OF TWO RELATIVES OR FRIENDS & DAYTIME #:

1. NAME: _____ PHONE: (____) _____ RELATION: _____
2. NAME: _____ PHONE: (____) _____ RELATION: _____

ARE YOU OR A CURRENT FAMILY MEMBER NOW LIVING IN FEDERALLY SUBSIDIZED HOUSING? ____YES ____NO

DO YOU CURRENTLY OWE ANY BACK RENT OR DAMAGES TO ANY PUBLIC HOUSING OR SECTION 8 AGENCIES?
____YES ____NO AMOUNTS: \$ _____

HAVE YOU EVER LIVED IN PUBLIC HOUSING: ____YES ____NO IF YES, WHERE? _____

HAVE YOU EVER PARTICIPATED IN THE CERTIFICATE OR VOUCHER PROGRAM? ____YES ____NO
IF YES, ENTER DATES OF OCCUPANCY: _____

CURRENT RENT: \$ _____ INCLUDES UTILITIES? ____YES ____NO IF YOU PAY UTILITIES, ARE
THEY IN YOUR NAME? ____YES ____NO IF NOT, CAN YOU GET SERVICE OR DO YOU HAVE AND OUTSTANDING
BILL? _____

HOUSEHOLD INCOME:

FOR EACH FAMILY MEMBER (WHERE APPLICABLE), SHOW SOURCE AND ANTICIPATED INCOME AS INDICATED.
(LIST ALL INCOME SOURCES FOR VERIFICATION DURING THE ADMISSIONS PROCESS)

EMPLOYMENT/ SCHOOL ATTENDING:

FAMILY MEM. NO.	EMPLOYER	HOURLY RATE	HOURS WORKED	PAY DATES WKLY / BI- WKLY	PART TIME / FULL TIME	START DATE
FAMILY MEM. NO.	CURRENT SCHOOL ATTENDING (ADULTS)	ADDRESS				START DATE

1. DOES ANY FAMILY MEMBER WORK FOR SOMEONE WHO PAYS HIM OR HER CASH? ____YES ____NO
IF YES, PLEASE EXPLAIN: _____

2. HAVE YOU OR ANY OTHER FAMILY MEMBER RECEIVED ANY LUMP SUM PAYMENTS IN THE PAST TWO YEARS?
____YES ____NO IF YES, PLEASE EXPLAIN: _____

**FAMILY
MEM. NO.**

☐ NAME OF EMPLOYER: _____ PHONE: (____) _____
ADDRESS: _____

☐ NAME OF EMPLOYER: _____ PHONE: (____) _____
ADDRESS: _____

THE FOLLOWING INFORMATION ON DISABILITY IS VOLUNTARY

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD QUALIFY FOR DISABILITY UNDER SECTION 504 OF THE
REHABILITATION ACT OF 1973 OR THE FEDERAL FAIR HOUSING ACT AS AMENDED IN 1988 AND THE AMERICANS
WITH DISABILITIES ACT? ____YES ____NO

IF YES, PLEASE EXPLAIN: _____

HAVE ANY HOUSEHOLD MEMBERS APPLIED OR HAVE AN APPEAL IN PROCESS FOR DISABILITY?
____YES ____NO IF YES, WHO? _____ IF YES, EXPLAIN: _____

INCOME / BENEFIT SOURCES:

LIST ALL INCOME SOURCES FOR VERIFICATION DURING THE ADMISSIONS PROCESS.
FILL IN THE MONTHLY AND WEEKLY DOLLAR AMOUNT IN EACH COLUMN SOURCE.

FAMILY MEM. NO.		CHILD SUPPORT	VETERANS	SSI	SS	UNEMPLOYMENT	KTAP	FOOD STAMPS	ANTICIPATED NEXT 12 MONTHS
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	

IF YOU HAVE ANY OTHER INCOME SOURCES NOT LISTED ABOVE, PLEASE LIST THEM HERE: _____

ASSETS:

**FAMILY
MEM. NO.**

☐

CHECKING ACCOUNT \$: _____ BANK NAME: _____
ACCT#: _____ ADDRESS: _____
SAVINGS ACCOUNT \$: _____ BANK NAME: _____
ACCT#: _____ ADDRESS: _____
OTHER \$: _____ SOURCE: _____
IS CHECKING ACCT INTEREST BEARING? ____ YES ____ NO

☐

CHECKING ACCOUNT \$: _____ BANK NAME: _____
ACCT#: _____ ADDRESS: _____
SAVINGS ACCOUNT \$: _____ BANK NAME: _____
ACCT#: _____ ADDRESS: _____
OTHER \$: _____ SOURCE: _____
IS CHECKING ACCT INTEREST BEARING? ____ YES ____ NO

OTHER ASSETS:

DOES ANY MEMBER OF YOUR HOUSEHOLD OWN A HOME OR OTHER REAL ESTATE? ____ YES ____ NO
ADDRESS / LOCATION: _____

HAS ANY MEMBER OF YOUR FAMILY SOLD OR GIVEN AWAY ANY REAL ESTATE IN THE PAST TWO YEARS?
____ YES ____ NO IF YES, WHAT IS THE CURRENT MARKET VALUE? _____

PHYSICAL LOCATION OF PROPERTY: _____

DO YOU OR ANY HOUSEHOLD MEMBER OWN A CAR? ____ YES ____ NO

OWNER? _____ MODEL: _____ AMT OWED: _____ TAG #: _____
OWNER? _____ MODEL: _____ AMT OWED: _____ TAG #: _____

DOES ANY FAMILY MEMBER HAVE OR RECEIVE BENEFITS FROM AN ANNUITY OR OTHER RETIREMENT SOURCE?
____YES ____NO MONTHLY BENEFIT AMOUNT (GROSS): \$_____ SOURCE: _____
HEALTH INSURANCE DEDUCTED? ____YES ____NO AMOUNT: \$_____

DOES ANY FAMILY MEMBER HAVE OR RECEIVE INCOME FROM CD'S, STOCKS, BONDS, OR OTHER
INVESTMENTS? ____YES ____NO IF YES, EXPLAIN: _____
MONTHLY AMOUNT: \$_____ FINANCIAL INSTITUTION: _____

DRUG AND CRIMINAL ACTIVITY:

FEDERAL REGULATIONS REQUIRES HOUSING AGENCIES TO QUESTION APPLICANTS AND PARTICIPANTS CONCERNING DRUG RELATED OR VIOLENT CRIMINAL ACTIVITIES.

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN ARRESTED, CHARGED, OR CONVICTED OF ANY DRUG OR ALCOHOL RELATED OR VIOLENT CRIMINAL ACTIVITY IN THE PAST 5 YEARS PRIOR TO DATE OF THIS APPLICATION?
____YES ____NO IF YES, EXPLAIN: _____

PROBATION OR PAROLE OFFICER NAME: _____ PHONE: (____)_____
IS THE HOUSEHOLD MEMBER SEEKING REHABILITATION SERVICES FOR THE ABOVE NAMED ACTIVITY?
____YES ____NO IF YES, GIVE THE NAME AND ADDRESS OF REHABILITATION CENTER: _____

IS ANY MEMBER OF YOUR HOUSEHOLD REGISTERED AS A SEX OFFENDER? ____YES ____NO
HAS ANYONE IN THE HOUSEHOLD BEEN EVICTED FROM PUBLIC HOUSING OR SECTION 8 HOUSING FOR ANY REASON INCLUDING DRUG OR OTHER CRIMINAL ACTIVITY? ____YES ____NO IF YES, NAME OF AGENCY AND ADDRESS: _____
PHONE: (____)_____ DATE OF EVICTION: _____

APPLICANT CERTIFICATION:

I / WE CERTIFY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I / WE UNDERSTAND ANY ATTEMPT TO OBTAIN SECTION 8 HOUSING, ANY RENT SUBSIDY OR RENT REDUCTION BY PROVIDING FALSE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD (AND ANY ACT OF ASSISTANCE TO SUCH ATTEMPT) IS A CRIME UNDER FEDERAL LAW. I / WE ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY FAMILY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THE SECTION 8 AGENCY IN WRITING WITHIN 10 DAYS FROM THE DATE OF THE CHANGE.

HEAD OF HOUSEHOLD DATE

SPOUSE CO-HEAD DATE

AGENCY REPRESENTATIVE DATE

OTHER HOUSEHOLD MEMBERS DATE
18 AND OVER

APPLICANT STATEMENT

Giving True and Complete Information

I have reviewed the application form and certify that all the information is accurate and complete to the best of my knowledge.

Reporting Changes in Income

I know I am required to report changes to the Campbell County Department of Housing (CCDH) within 10 days, and follow up on all changes. Income includes any money and/or regular gifts or contributions (monetary or non-monetary) received by all household members.

Reporting Changes in Household Composition

I understand that the only people to be residing in my unit are those listed on my application. I am aware that if someone wants to be removed from my application, I must report that to the CCDH within 10 days of the change.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal Housing Assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit and fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease, or was evicted due to violent criminal activity, drug related criminal activity, or alcohol abuse.

No Duplicate Residence Assistance

I certify that the unit will be my principal residence and I will not obtain duplicate Federal housing assistance. I do not own or have any interest in the unit, and will not sublease it.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes keeping appointments and completing and signing needed forms. I understand failure or refusal to do so may result in delays and/or termination of my application.

Criminal Activity

I will not engage in drug related criminal activity, violent criminal activity or alcohol abuse. I understand that my application will be terminated if there is evidence of drug related criminal activity or violent criminal activity or alcohol abuse by myself or any family member listed on this application.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false or incomplete information is punishable under Federal and State criminal law and is grounds for termination of housing assistance.

FAILURE TO ABIDE BY THESE RULES WILL RESULT IN TERMINATION OF APPLICATION

SIGNATURE

DATE

SIGNATURE

DATE

Warning: Title 18 US Code Section 1001 stated that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. State laws may also provide penalties for false or fraudulent statements.

THIS SECTION FOR OFFICE USE ONLY
ANNUAL / MONTHLY INCOME SUMMARY & PAYMENT (ESTIMATES)

	ANNUAL	MONTHLY
GROSS INCOME ESTIMATED (UNVERIFIED):	_____	_____
MEDICAL ALLOWANCES = ELIGIBLE FAMILIES:	_____	_____
ELDERLY OR DISABLED ALLOWANCE \$400.00:	_____	_____
MINOR CHILDREN ALLOWANCE \$480.00 X _____:	_____	_____
CHILDCARE FOR CHILDREN UNDER 12:	_____	_____
\$ _____ X \$ _____ =	_____	_____
*ADJUSTED INCOME:	_____	* _____

TOTAL TENANT PAYMENT

30% OF MONTHLY ADJ INCOME _____ (A)

10% OF MONTHLY GROSS INCOME _____ (B)

TOTAL TTP (LARGER OF (A OR B) _____ (C)

PHA MIN RENT (IF APPLICABLE) _____

MAXIMUM INITIAL RENT BURDEN

NUMBER OF BEDROOMS _____

PAYMENT STANDARD _____

TOTAL TENANT PAYMENT (TTP) (FROM C) _____

40% OF MONTHLY ADJ INCOME _____ (D)

(FAMILY TOTAL HOUSING COST LIMIT)

LESS MAXIMUM SUBSIDY _____

EQUALS MAX GROSS RENT FOR FAMILY _____

MAXIMUM SUBSIDY

PAYMENT STD _____

MINUS TTP (C) _____

EQUALS MAX SUBSIDY _____

INCOME CODE: ____ EL ____ VL ____ L

DATE: _____ TIME: _____

____ C ____ P BR SIZE: _____

PREFERENCES:

_____ ELD / DIS	_____ FAMILY	_____ RENT BUR.
--------------------	-----------------	--------------------

_____ WORKING	_____ RESIDENT	_____ HOMELESS
------------------	-------------------	-------------------

_____ CROWDED	_____ SUBSTAND	_____ W/O HOUS.
------------------	-------------------	--------------------

_____ NAT. DIS.	_____ DISP. GOV.	_____ DOM. VIOL.
--------------------	---------------------	---------------------

COMMENTS: _____

OFFICE STAFF SIGNATURE:

DATE _____

**CAMPBELL COUNTY DEPARTMENT OF HOUSING
P.O. BOX 72424
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(859) 261-5200 FAX: (859) 261-0577**

Section 8 HUD References Pertaining to Criminal Background Checks

Under the authority of CFR 982.55 part 5, subpart J and page 21, section F of the Campbell County Department of Housing Administrative Plan the Campbell County Department of Housing must obtain Criminal Records for all applicants applying for the Section 8 Housing Program and currant residents.

Section F of Campbell County Department of Housing Administrative Plan: Suitability for tenancy:

The Campbell County Department of Housing determines eligibility for participation and will also conduct criminal background checks on all adult household members, including live-in aides. The Campbell County Department of Housing will deny assistance to a family because of drug-related criminal activity or violent criminal activity by family members. This check will be made through state or local law enforcement or court records in those cases where the household member has lived in the local jurisdiction for the last five (5) years. If the individual has lived outside the local area the Campbell County Department of Housing may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC).

I, _____ give my consent to The Campbell County Department of Housing to obtain information regarding my criminal record.

Date: _____

Witness: _____

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**SECTION 8 PARTICIPANT/APPLICANT DRUG FREE, VIOLENT CRIMINAL ACTIVITY AND
ALCOHOL ABUSE CERTIFICATION**

We the undersigned do hereby certify that neither the head of household nor any other member of the family, within the last five years, have engaged in any drug related criminal activity to be described as follows:

The term "drug-related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use, of a controlled substance (as defined in section 102 of the controlled substances act (21 U.S.C. 802), or of any other illicit drug.

The housing authority will terminate the lease in accordance with the above provisions for criminal activity by the resident or any member of the resident's household, whether such activity occurs in the development where the resident's dwelling is located, or off the premises of the federal funded unit.

Should the head of household or any other member of his family engage in Violent Criminal Activity, the family shall be deemed ineligible to participate in the Section 8 Housing Assistance Program. Violent Criminal Activity includes any felonious criminal activity that has as one of its elements, the use, attempted use, or threatened use of physical force against the person or property of another. The agency may permit family members not involved in the proscribed activities to continue receiving assistance on the condition that family members determined to have engaged in the proscribed activities will not reside in the unit.

We further understand that the housing authority shall use the "Preponderance of Evidence" standard in making its decisions to deny or terminate assistance relative to **DRUG-RELATED CRIMINAL ACTIVITY, VIOLENT CRIMINAL ACTIVITY AND ALCOHOL ABUSE**. Preponderance of evidence is defined as evidence which is of a greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not.

The housing authority will terminate the tenancy of any person if the housing authority determines that the person's abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premise of other residents.

We also understand that if we are denied assistance we have the right to an informal review or hearing. Rules governing the hearing process as well as the authority for this policy are contained in the section 8 administrative plan and based on the following federal regulations:

24 CFR 982.551 - OBLIGATIONS OF FAMILY

24 CFR 982.551 - GROUNDS FOR DENIAL OR TERMINATION OF ASSISTANCE

24 CFR 982.554 & 5 - INFORMAL REVIEW OR HEARING

Copies of the section 8 administrative plan and all of the above are available from the PHA upon request.

Signature of all PHA participants age 18 and older:

DATE: _____

DATE: _____

DATE: _____

Created on 7/1/2003 3:17 PM

This document is binding on all family members regardless of whether they have signed this document.

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BACKGROUND HISTORY/PREVIOUS RENTAL INFORMATION

By signing below, I/We hereby authorize the release of information pertaining to my background history and previous rental information to the Campbell County Department of Housing to be used to determine eligibility for low income housing.

Everyone over 18 in your household must sign this form

Head of Household Date

Other Household Member Date

Other Household Member Date

Other Household Member Date

HEARING INFORMATION

SHOULD YOU REQUEST AN INFORMAL REVIEW OR HEARING YOU MUST DO SO IN WRITING WITHIN 10 DAYS FROM THE DATE ON THE NOTICE INDICATING YOU HAVE THE RIGHT TO REQUEST AN INFORMAL REVIEW OR HEARING

With the exception of decisions related to restrictions on non-citizens, an informal review is for program applicants and an informal hearing is for program participants. Decisions related to restrictions on assistance to non-citizens always require an informal hearing regardless of whether the family is an applicant or participant.

CAMPBELL COUNTY DEPARTMENT OF HOUSING IS NOT REQUIRED TO CONDUCT AN INFORMAL REVIEW/HEARING TO RECONSIDER EVERY ACTION OR DECISION MADE BY THE HOUSING AUTHORITY.

AN INFORMAL REVIEW IS **NOT** REQUIRED FOR DECISIONS CONCERNING:

- Determination of unit size under CCDH subsidy standards;
- Determination that a unit does not comply with Housing Quality Standards;
- Denial of a request to extend or suspend a voucher term;
- General policy issues or class grievances;
- Discretionary administrative determinations by CCDH (i.e. removal of application for failure to return purge information or keep pre-application updated); and
- CCDH refusal to grant approval of tenancy.

IN ALL OTHER CIRCUMSTANCES CCDH WILL GIVE A PROGRAM APPLICANT AN OPPORTUNITY FOR AN INFORMAL REVIEW OF A DECISION IF REQUESTED BY THE APPLICANT.

AN INFORMAL HEARING IS **NOT** REQUIRED FOR THE FOLLOWING:

- Determination that a unit does not comply with Housing Quality Standards
- Refusal to extend or suspend a voucher term;
- Discretionary administrative determinations by CCDH;
- General policy issues or class grievances;
- How CCDH established its utility allowance schedule;
- CCDH refusal to approve a unit or tenancy;
- Determination that a unit does not meet housing quality standards due to family size or change in composition; and
- A determination to exercise or not exercise any rights or remedy against the owner.

CCDH DECISIONS REGARDING THE FOLLOWING DETERMINATIONS REQUIRE THAT A PROGRAM PARTICIPANT BE GIVEN AN OPPORTUNITY TO REQUEST AND INFORMAL HEARING.

- Determination of the family's annual or adjusted income;
- Calculation of total tenant payment;
- Determination of appropriate utility allowance from CCDH utility allowance schedule;
- Termination of assistance;
- Determination of unit size for participants un CCDH subsidy standards; and
- Denial of hardship exemption to the minimum rent requirement.

SIGNATURE OF HEAD OF HOUSEHOLD:_____ DATE:_____

SIGNATURE OF ALL OTHER HOUSEHOLD MEMBERS AGE 18 OR OLDER:

_____ DATE:_____

_____ DATE:_____

_____ DATE:_____

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 25077-XXXX

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number(s) 2577-XXXX. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a currently valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation
- Project-Based

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to PHAs and adverse termination of former participants of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance program and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition):

1. Full Name; and
2. Date of Birth; and
3. Social Security Number

The following information is collected once your participation in the housing program has ended or your move-out of an assisted unit:

1. Amount of any balance you owe the PHA (up to \$500,000); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have filed for bankruptcy; and
4. The negative reason for your end of participation in the housing program (for example: abandoned unit, fraud, criminal activity, failure to comply with lease, etc.)

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance. PHAs will be able to access this information to determine a family's suitability for rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a housing program.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

The debt owed and/or termination information was reported by the above-listed Public Housing Agency (PHA). The PHA's name, address, and telephone numbers are listed below. You should contact the PHA in writing if you disagree with the reported information. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator. The PHA will notify you of its action regarding your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide a written explanation as to why the information is correct.

Important Information:

- Upon your request, the PHA must give you the information that pertains to you and maintained in HUD's EIV system.
- All PHAs that administer the Public Housing and Housing Choice Voucher (HCV) programs have access to debts owed and termination information of all former program participants.
- If you tell the PHA that your record contains inaccurate information, the PHA must promptly investigate the matter and inform you in writing the outcome of their investigation.
- The PHA must correct or, as the case may be, delete inaccurate debt owed or termination information contained in the EIV system.
- Debt owed and/or termination information will be maintained in EIV for a period of ten (10) years from the end of participation date.

I hereby acknowledge that the PHA provided me with this notice:

Signature_____ Date _____

Printed Name _____

This Notice was provided by the below-listed PHA:

CAMPBELL COUNTY DEPARTMENT OF HOUSING
P.O. BOX 72424
NEWPORT, KY 41072-0424